

487566201647

5103710123

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 18367 - North Mill	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	52660114 UTUT

File with: Div of Corp and Commercial, UT



RECEIVED

OCT 04 2016

Div. of Oil, Gas & Mining

Date: 02/26/2016
 Receipt Number: 6346687
 Amount Paid: \$12.00

FEB 26 '16 AM 11:02

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Monument Resources L.L.C.				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3300 E Old Mission Road		CITY Bluff,	STATE UT	POSTAL CODE 84512
			COUNTRY USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME Gaines	FIRST PERSONAL NAME William	ADDITIONAL NAME(S)/INITIAL(S) Glen	SUFFIX
2c. MAILING ADDRESS 3300 E Old Mission Road		CITY Bluff,	STATE UT	POSTAL CODE 84512
			COUNTRY USA	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME EFS Credit Trust				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 50 Washington Street, 10th Floor		CITY South Norwalk	STATE CT	POSTAL CODE 06854
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

All equipment listed on lease agreement number 151885-001(App#77876) consisting of Terex Cedar Rapids Jaw Crusher; SERIAL#054858: together with all accessories, attachments, replacements, substitutions and accessions related thereto, along with all

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

52660114 151885-001

DBA: Monument Resources, Inc.

MAR 15 '16 AM 11:05

487566201647

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

Monument Resources L.L.C.

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

Monument Resources, Inc.

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3300 E Old Mission Road

Bluff,

UT

84512

USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

cash and non-cash proceeds (including without limitation indemnity claims, claim payments and other proceeds relating to insurance), products and rents therefrom.

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut☐ covers as-extracted collateral☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Date: 03/15/2016
Receipt Number: 6363539
Amount Paid: \$12.00



Record of Filing

File Number:487566201647
Old File Number:N/A

Record Date:03-15-2016 11:05
Lapse Date:03-15-2021 23:59

Type:UCC
Status:ACTIVE

Filer:

CT LIEN SOLUTIONS 52660114
P.O. BOX 29071
GLENDALE, CALIFORNIA 91209-9071

Collateral Description:

Action: ADD

Description:

ALL EQUIPMENT LISTED ON LEASE AGREEMENT NUMBER 151885-001 (APP#77876) CONSISTING OF TEREX CEDAR RAPIDS JAW CRUSHER; SERIAL#054858; TOGETHER WITH ALL ACCESSORIES, ATTACHMENTS, REPLACEMENTS, SUBSTITUTIONS AND ACCESSIONS RELATED THERETO, ALONG WITH ALL

Debtor:

MONUMENT RESOURCES L.L.C.
3300 E OLD MISSION ROAD
BLUFF, UTAH 84512
Trust: No

FEIN: null
Jurisdiction: null
Organization Id: null
Organization Type: NONE

Debtor:

GAINES, WILLIAM GLEN
3300 E OLD MISSION ROAD
BLUFF, UTAH 84512
Trust: No

Secured Party:

EFS CREDIT TRUST
50 WASHINGTON STREET, 10TH FLOOR
SOUTH NORWALK, CONNECTICUT 06854

Transaction Detail:

Form Type: UCC 1 FILING STATEMENT
Effective Date: 03-15-2016 11:05
Submitter Ref: INFO REDACTED
Web Transaction ID: null

Transaction Cost: \$12.00
Receipt Number: 6346687
Alt Designation: NONE

Additional Description:

FILING APPROVED - 3

THE DATA LISTED ABOVE IS A 'NON-CERTIFIED' RECORD. PLEASE TAKE THE TIME TO REVIEW ALL OF THE INFORMATION. IF YOU FIND ANY DISCREPANCIES, MADE BY THE DIVISION YOU MUST CONTACT THE DIVISION, AT NO COST, WITHIN 30 DAYS OF RECEIVING THIS ACKNOWLEDGEMENT.



Record of Filing

File Number: 487566201647
Old File Number: N/A

Record Date: 03-15-2016 11:05
Lapse Date: 03-15-2021 23:59

Type: UCC
Status: ACTIVE

Filer:

CT LIEN SOLUTIONS 52660114
P.O. BOX 29071
GLENDALE, CALIFORNIA 91209-9071

Collateral Description:

Action: ADD

Description:

CASH AND NON-CASH PROCEEDS (INCLUDING WITHOUT LIMITATION INDEMNITY CLAIMS, CLAIM PAYMENTS AND OTHER PROCEEDS RELATING TO INSURANCE), PRODUCTS AND RENTS THEREFROM.

Debtor:

MONUMENT RESOURCES, INC.
3300 E OLD MISSION ROAD
BLUFF, UTAH 84512
Trust: No

FEIN: null
Jurisdiction: null
Organization Id: null
Organization Type: NONE

Transaction Detail:

Form Type: UCC 1AD ADDENDUM
Effective Date: 03-15-2016 11:05
Submitter Ref: INFO REDACTED
Web Transaction ID: null

Transaction Cost: \$12.00
Receipt Number: 6363539
Alt Designation: NONE

Additional Description:

FILING APPROVED - 3

THE DATA LISTED ABOVE IS A 'NON-CERTIFIED' RECORD. PLEASE TAKE THE TIME TO REVIEW ALL OF THE INFORMATION. IF YOU FIND ANY DISCREPANCIES, MADE BY THE DIVISION YOU MUST CONTACT THE DIVISION, AT NO COST, WITHIN 30 DAYS OF RECEIVING THIS ACKNOWLEDGEMENT.